

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Invoice Number: \_\_\_\_\_

# CLEANING INVOICE

**BILL FROM**

Company

Address

City

State

Zip

Telephone

Email

**BILL TO**

Name

Address

City

State

Zip

Telephone

Email

Description	Hours Worked	Price \$	Total
Total Discount			
Sales Tax			
Other			
Total			

***THANKS FOR YOUR VALUED BUSINESS***

Please send payment within \_\_\_\_\_ days of receiving this invoice.